Case 2:19-cv-12574-MAG-APP ECF No. 6 filed 09/12/19 PageID.85 Page 1 of 1

2:19-cv-12574-MAG-APP

State Case: **SUMMONS** Case No.: 19-010150-NO

PROOF OF SERVICE

TO PROCESS SERVER: You are to serve the summons and complaint not later than 91 days from the date of filing or the date of expiration on the order for second summons. You must make and file your return with the court clerk. If you are unable to complete service you must return this original and all copies to the court clerk.

CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE

| | OFFICER CE | RTIFICA | TE | OR | Ø | AFFID | AVIT OF PR | OCESS SE | RVER | |
|--|--|----------------------------|---------------------------------|--------------|-----------------|---|---|----------------------------------|--|--------|
| I certify that I am a court officer, or atto that: (notarization | sheriff, deputy si orney for a party n not required) | neriff, baili (MCR 2.10 | | | | not a part | rorn, I state that I am a legally competent party or an officer of a corporate party, and on required) | | | |
| (V) served person | ally a copy of the | summons | s and complaint. | | | | | | | |
| ☐ I served by registogether with | stered or certified | l mail (cop | y of return receipt | | | summons | and complaint, | | | |
| • | List all doc | uments sen | ved with the Summor | ns and Com | plaint | | | | | |
| | | | | | | | | on the defe | ndant(s): | |
| Defendant's name | | | Complete address(es) of service | | | D | Day, date, time | | | |
| LARRY LYNN DUNN | | | 8782 BigKhill DR | | | | 8-11-8 | 2019 74 | SPRI | |
| | | Stelly Heigh, ME 48219 | | | | AND MANAGEMENT OF THE PARTY OF | Acceptable & VIII To the Control of | | | |
| ☐ I have personal have been unab | ly attempted to sole to complete s | erve the s ervice. | ummons and comp | plaint, toge | ther with any | attachmer | nts, on the follov | ving defendar | ıt(s) and | |
| Defendant's name | | | Complete address(es) of service | | | C | Day, date, time | | | |
| I declare under the information, knowle | | ury that th | nis proof of service | has been | examined by i | me and th | at its contents a | re true to the | best of my | |
| Service fee \$ | Miles traveled \$ | Fee \$ | | | Signature F | CME | NIKK | 2 | | |
| Incorrect address fee \$ | Miles traveled | Fee \$ | Total fee \$ | 1 | Name (type of | | | | | |
| Subscribed and sw | | OII | F - 14-19 Date | | Title Ogkina | / <u>)</u> | | County, Mi | ichigan. | |
| My commission exp | oires: <u> </u> | 2021 | Signature | e: | Chanel & | 3 as fa | Notary public | Chanel Zaito | una, Notary | |
| Notary public, State | | unty of | ~ Acres | 1 | , , | | | State of Michiga My Commissio | en, County of M | lacomb |
| Notary public, State | or whoringari, oc | unity of _ | | FDGMEN | IT OF SERV | ICE | } Ac | ting in the Co | unty of <u>Ow</u> | K Lû |
| | | | L | | | | • | ••••• | ************************************** | •••• |
| I acknowledge that | I have received | service of | the summons and | complaint, | together with | · | Attachments | } | | |
| | | | c | on | Day, dat | te, time | | | | |
| | | | | on behalf o | • | | | | | |
| Signature | | | | | | | | | · | |